



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



Cancellation of Permit

Instructions: Return the permit with this form to the Dental Board. Permits are audited documents, and must be returned whenever possible. If you are unable to locate the original permit, complete the boxed section below.

Permit Number _____ Issue Date _____

Dental License Number _____ Daytime telephone _____

At this time I am not able to locate the original Permit because it was:

☐ Lost ☐ Destroyed ☐ Stolen

under these circumstances: _____

My signature below is my guarantee that if the permit should ever be located, I will immediately return it to the Board.

I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above is correct.

Printed Name _____

Signature _____ Date _____